

State of Hawaii  
Department of Health  
Family Health Services Division  
Maternal and Child Health Branch  
Parenting Support Program

## **Request for Proposals**

### **HTH 550-4-5**

<b>HTH 550-4-5-A</b>	<b>Honolulu</b>
<b>HTH 550-4-5-B</b>	<b>Rural Oahu</b>

**PARENT EDUCATION, SUPPORT AND SKILL-  
BUILDING/NON-VIOLENCE FAMILY EDUCATION  
Children's Violence Counseling Program**

**October 12, 2004**

Proposal Submittal Deadline:  
January 14, 2005

Note: If this RFP was downloaded from the State Procurement Office RFP Website each applicant must provide contact information to the RFP contact person for this RFP to be notified of any changes. For your convenience, an [RFP Interest form](#) may be downloaded to your computer, completed and e-mailed or mailed to the RFP contact person. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

October 12, 2004

## **REQUEST FOR PROPOSALS**

### **PARENT EDUCATION, SUPPORT AND SKILL-BUILDING/ NON-VIOLENCE FAMILY EDUCATION**

#### **Children's Violence Counseling Program**

#### **RFP No. HTH 550-4-5**

The Department of Health, Family Health Services Division, Maternal and Child Health Branch, is requesting proposals from qualified applicants to provide non-violence family education services on Oahu. Services include counseling for children who have witnessed family violence. The term will be from July 1, 2005 through June 30, 2007. Multiple contracts will be awarded under this request for proposals.

Proposals shall be mailed and postmarked by the United State Postal Service on or before January 14, 2005, or hand delivered no later than 4:30 p.m., Hawaii Standard Time (HST), on January 14, 2005, at the drop-off sites designated on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

The Family Health Services Division will conduct an orientation on October 19, 2004 from 9:00 a.m. to 11:00 noon HST, at the Diamond Head Health Center, 4<sup>th</sup> Floor Conference Room, 3627 Kilauea Avenue, Room 437, Honolulu, Hawaii. All prospective applicants are encouraged to attend the orientation.

The deadline for submission of written questions is 4:30 p.m. HST on November 19, 2005. All written questions will receive a written response from the State on or about December 17, 2005.

Inquiries regarding this RFP should be directed to the RFP contact person, Ms. Lynn Niitani at 741-A Sunset Avenue, Room 205, Honolulu, Hawaii 96816, telephone: (808) 733-4054, fax: (808) 733-9078, e-mail: [lynn.niitani@fhsd.health.state.hi.us](mailto:lynn.niitani@fhsd.health.state.hi.us)

# PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

NUMBER OF COPIES TO BE SUBMITTED: 4
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**ALL MAIL-INS MUST BE POSTMARKED BY UNITED STATES POSTAL SERVICE (USPS)  
NO LATER THAN  
January 14, 2005**

## All Mail-ins

Department of Health  
Administrative Services Office  
P.O. Box 3378  
Honolulu, Hawaii 96801-3378

## DOH RFP COORDINATOR

Valerie Ako  
For further info. or inquiries  
Phone: 586-4556  
Fax: 586-4649

**ALL HAND DELIVERIES WILL BE ACCEPTED AT THE FOLLOWING SITES UNTIL 4:30 P.M., Hawaii Standard Time (HST) January 14, 2004.**

## Drop-off Sites

For applicants located on **Oahu**:

Department of Health  
Administrative Services Office  
Room 310, Kinau Hale  
1250 Punchbowl Street  
Honolulu, HI 96313

For applicants located in **East Hawaii**:

Department of Health  
Hawaii District Health Office  
State Office Building, Room 105  
75 Aupuni Street  
Hilo, Hawaii  
Attn: DOH Administrative Services Office

For applicants located in **West Hawaii**:

Department of Health  
Hawaii District Health Office at Kona  
Kealahakua Business Plaza, Room 103  
81-980 Halekii Street  
Kealahakua, Hawaii  
Attn: DOH Administrative Services Office

For applicants located on **Kauai**:

Department of Health  
Kauai District Health Office  
Lihue Health Center  
3040 Umi Street  
Lihue, Kauai  
Attn: DOH Administrative Services Office

For applicants located on **Maui**:

Department of Health  
Maui District Health Office  
State Office Building, 3<sup>rd</sup> Floor  
54 High Street  
Wailuku, Maui  
Attn: DOH Administrative Services Office

**BE ADVISED:** All mail-ins postmarked by USPS after **January 14, 2005**, will be rejected.  
Hand deliveries will **not** be accepted after **4:30 p.m., HST, January 14, 2005**.  
Deliveries by private mail services such as FEDEX shall be considered hand deliveries and will not be accepted if received after **4:30 p.m., HST, January 14, 2005**.

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# **Section 1**

## **Administrative Overview**

# Section 1

## Administrative Overview

**Applicants are encouraged to read each section of the RFP thoroughly. While sections such as the administrative overview may appear similar among RFPs, state purchasing agencies may add additional information as applicable. It is the responsibility of the applicant to understand the requirements of *each* RFP.**

### I. Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes (HRS), Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

### II. RFP Organization

This RFP is organized into five sections:

***Section 1, Administrative Overview***--Provides applicants with an overview of the procurement process.

***Section 2, Service Specifications***--Provides applicants with a general description of the tasks to be performed, delineates applicant responsibilities, and defines deliverables (as applicable).

***Section 3, Proposal Application Instructions***--Describes the required format and content for the proposal application.

***Section 4, Proposal Evaluation***--Describes how proposals will be evaluated by the state purchasing agency.

***Section 5, Attachments*** --Provides applicants with information and forms necessary to complete the application.

### III. Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

<b>Department of Health</b>
<b>Maternal and Child Health Branch</b>
<b>Parenting Support Program</b>
Phone (808) <b>733-4054</b> Fax: (808) <b>733-9078</b>

#### IV. Procurement Timetable

**Note that the procurement timetable represents the State's best estimated schedule. Contract start dates may be subject to the issuance of a notice to proceed.**

Activity	Scheduled Date
Public notice announcing RFP	Oct. 12, 2004
Distribution of RFP	Oct. 12, 2004
RFP orientation session	Oct. 19, 2004
Closing date for submission of written questions for written responses	Nov. 19, 2004
State purchasing agency's response to applicants' written questions	Dec. 17, 2004
Discussions with applicant prior to proposal submittal deadline (optional)	Nov/Dec2004
Proposal submittal deadline	Jan. 14, 2005
Discussions with applicant after proposal submittal deadline (optional)	Jan/Feb 2005
Final revised proposals (optional)	Jan/Feb 2005
Proposal evaluation period	Feb/Apr 2005
Provider selection	Mar/Apr 2005
Notice of statement of findings and decision	Mar/Apr 2005
Contract start date	July 1, 2005

#### V. Orientation

An orientation for applicants in reference to the request for proposals will be held as follows:

<b>Date:</b>	<b>October 19, 2004</b>	<b>Time:</b>	<b>9:00 a.m. – 11:00 a.m. HST</b>
<b>Location:</b>	<b>Diamond Head Health Center, 4<sup>th</sup> Floor Conference Room 3627 Kilauea Avenue, Room 437, Honolulu, Hawaii</b>		

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted at the orientation and spontaneous answers provided at the state purchasing agency's discretion. However, answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the next paragraph (VI. Submission of Questions).



## VI. Submission of Questions

Applicants may submit questions to the RFP Contact Person identified in Section 2 of this RFP. All written questions will receive a written response from the state purchasing agency.

Deadline for submission of written questions:

**Date:** November 19, 2004      **Time:** 4:30 p.m. HST

State agency responses to applicant written questions will be provided by:

**Date:** December 17, 2004

## VII. Submission of Proposals

**A. Forms/Formats** - Forms, with the exception of program specific requirements, may be found on the State Procurement Office website at: [www.spo.hawaii.gov](http://www.spo.hawaii.gov), click *Procurement of Health and Human Services* and *For Private Providers*. Refer to the Proposal Application Checklist for the location of program specific forms.

1. **Proposal Application Identification (Form SPO-H-200)** - Provides identification of the proposal.
2. **Proposal Application Checklist** – Provides applicants with information on where to obtain the required forms; information on program specific requirements; which forms are required and the order in which all components should be assembled and submitted to the state purchasing agency.
3. **Table of Contents** - A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.
4. **Proposal Application (Form SPO-H-200A)** - Applicant shall submit comprehensive narratives that addresses all of the issues contained in the Proposal Application Instructions, including a cost proposal/budget if required. (Refer to Section 3 of this RFP.)
5. **Registration Form (SPO-H-100A)** – If applicant is not registered with the State Procurement Office (business status), this form must be submitted with the application. If applicant is unsure as to their registration status, they may check the State Procurement Office website at: <http://www.spo.hawaii.gov>, click *Procurement of Health and*

*Human Services, and For Private Providers and Provider Lists...The List of Registered Private Providers for Use with the Competitive Method of Procurement* or call the State Procurement Office at (808) 587-4706.

- 6. Tax Clearance** – A certified copy of a current valid tax clearance certificate issued by the State of Hawaii, Department of Taxation (DOTAX) and the Internal Revenue Service (IRS) will be required either at the time of proposal submittal or upon notice of award at the discretion of the purchasing agency.

Refer to Section 4, item III.A.1, Administrative Requirements, and the Proposal Application Checklist to see if the tax clearance is required at time of proposal submittal. The tax clearance application may be obtained from the Department of Taxation website at [www.hawaii.gov/tax/tax.html](http://www.hawaii.gov/tax/tax.html).

- B. Program Specific Requirements** - Additional program specific requirements are included in Sections 2 and/or 3, Service Specifications and the Proposal Application Instructions, as applicable. If Federal and/or State certifications are required, they are listed on the Proposal Application Checklist.
- C. Multiple or Alternate Proposals** - Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2 of this RFP. In the event alternate proposals are not accepted and an applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.
- D. Proposal Submittal** - Proposals must be postmarked by USPS or hand delivered by the date and time designated on the Proposal Mail-In and Delivery Information Sheet attached to this RFP. Any proposal postmarked or received after the designated date and time shall be rejected. Note that postmarks must be by United States Postal Service or they will be considered hand-delivered and shall be rejected if late. The number of copies required is located on the Proposal Mail-In and Delivery Information Sheet.  
**Submission of proposals by applicants through telefacsimile, electronic mail, and/or computer diskette is not permitted by the state purchasing agency.**
- E. Wages and Labor Law Compliance** - Before a provider enters into a service contract in excess of \$25,000, the provider shall certify that it complies with section 103-55, HRS, Wages, hours, and working conditions of employees of contractors performing services. Section

103-55, HRS may be obtained from the Hawaii State Legislature website at <http://www.capitol.hawaii.gov/>. Or go directly to: [http://www.capitol.hawaii.gov/hrscurrent/Vol02\\_Ch0046-0115/HRS0103/HRS\\_0103-0055.htm](http://www.capitol.hawaii.gov/hrscurrent/Vol02_Ch0046-0115/HRS0103/HRS_0103-0055.htm)

- F. Confidential Information** – If an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal.

**Note that price is not considered confidential and will not be withheld.**

## **VIII. Discussions with Applicants**

- A. Prior to Submittal Deadline.** Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements.
- B. After Proposal Submittal Deadline -** Discussions may be conducted with applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance section 3-143-403, HAR.

## **IX. Opening of Proposals**

Upon receipt of proposal by a state purchasing agency at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped, and when possible, time-stamped. All documents so received shall be held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

## **X. Additional Materials and Documentation**

Upon request from the state purchasing agency, each applicant shall submit any additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

**XI. RFP Amendments**

The State reserves the right to amend this RFP at any time prior to the closing date for the final revised proposals.

**XII. Final Revised Proposals**

The applicant's final revised proposal, *as applicable* to this RFP, must be postmarked or hand delivered by the date and time specified by the state purchasing agency. Any final revised proposal post-marked or received after the designated date and time shall be rejected. If a final revised proposal is not submitted, the previous submittal shall be construed as their best and final offer/proposal. *The applicant shall submit **only** the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPO-H-200).* After final revised proposals are received, final evaluations will be conducted for an award.

**XIII. Cancellation of Request for Proposal**

The request for proposal may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interests of the State.

**XIV. Costs for Proposal Preparation**

Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

**XV. Provider Participation in Planning**

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the state purchasing agency's release of a request for proposals, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals if conducted in accordance with sections 3-142-202, 3-142-203 and 3-143-618 of the Hawaii Administrative Rules for Chapter 103F, HRS.

**XVI. Rejection of Proposals**

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

A proposal may be automatically rejected for any one or more of the following reasons: (Relevant sections of the Hawaii Administrative Rules for Chapter 103F, HRS, are parenthesized)

- (1) Rejection for failure to cooperate or deal in good faith. (Section 3-141-201, HAR)
- (2) Rejection for inadequate accounting system. (Section 3-141-202, HAR)
- (3) Late proposals (Section 3-143-603, HAR)
- (4) Inadequate response to request for proposals (Section 3-143-609, HAR)
- (5) Proposal not responsive (Section 3-143-610 (1), HAR)
- (6) Applicant not responsible (Section 3-143-610 (2), HAR)

## **XVII. Notice of Award**

A statement of findings and decision shall be provided to all applicants by mail upon completion of the evaluation of competitive purchase of service proposals.

Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive.

No work is to be undertaken by the awardee prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

## **XVIII. Protests**

Any applicant may file a protest against the awarding of the contract. The Notice of Protest form, SPO-H-801, is available on the SPO website (see the Proposal Application Checklist in Section 5 of this RFP. Only the following matters may be protested:

- (1) A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;
- (2) A state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and

- (3) A state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

The Notice of Protest shall be mailed by USPS or hand delivered to the head of the state purchasing agency conducting the protested procurement and the procurement officer who is conducting the procurement (as indicated below) within five working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

<b>Head of State Purchasing Agency</b>	<b>Procurement Officer</b>
Name: Chiyome Leina'ala Fukino, M.D.	Name: Ann H. Kinningham
Title: Director of Health	Title: Procurement Officer
Mailing Address: P.O. Box 3387, Hon. HI 96801	Mailing Address: P.O. Box 3387, Hon. HI 96801
Business Address: 1250 Punchbowl St. Hon. HI	Business Address: 1250 Punchbowl St. Hon. HI

## **XIX. Availability of Funds**

The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawaii, pursuant to Chapter 37, HRS, and subject to the availability of State and/or Federal funds.

## **XX. Monitoring and Evaluation**

The criteria by which the performance of the contract will be monitored and evaluated are:

- (1) Performance/Outcome Measures
- (2) Output Measures
- (3) Quality of Care/Quality of Services
- (4) Financial Management
- (5) Administrative Requirements

## **XXI. General and Special Conditions of Contract**

The general conditions that will be imposed contractually are on the SPO website. (See Section 5, Proposal Application Checklist for the address). Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

**XXII. Cost Principles**

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under Chapter 103F, HRS, state purchasing agencies will utilize standard cost principles outlined in Form SPO-H-201 which is available on the SPO website (see section 5, the Proposal Application Checklist). Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

# **Section 2**

## **Service Specifications**



## **Section 2**

# **Service Specifications**

## **I. Introduction**

### **A. Overview, purpose or need**

Watching a parent receive physical blows from another loved one can leave traumatizing memories in a child. However, children may witness violence in many other ways. Children may be exposed to sounds of violence including cursing, screaming, pleading, degrading language, and actual sounds of physical impact. Additionally, children may view the after-effects of violent encounters, such as bruises or injuries to family members, torn clothing, damage to household items such as holes in walls or broken furniture. Lastly, children may be exposed to the tension remaining in their homes or within their family.

Between 1999 – 2002, the number of domestic violence protective orders filed within the City and County of Honolulu increased 55%. Although they may not be the direct target of physical abuse, children in families where violence has occurred may be affected emotionally and psychologically.

Witnessing violence in the home can be traumatizing for a child who cannot help resolve the situation. Intergenerational transmission of violence is a learned behavior. While children may react in different ways to these messages, several studies have shown children to be particularly prone to respecting and admiring the parent they perceive as the most powerful. Thus, if the more powerful parent uses force to get their way, that parent and their values are likely to be imitated by an impressionable child. Children in these homes may begin to model physical violence as a means of resolving conflict.

There are factors which can protect children from responding with violence. Even young children can gain a sense of hope about the future when exposed to positive behavior and support from family, friends, school, and the community. Parents can also learn about how violence affects children and learn non-violent coping skills. An effective program will interrupt the intergenerational cycle of violence by providing services to the family, both children and parents.

In order to develop a strong program that provides appropriate services to these children, a thorough assessment of the events the child has witnessed must first occur. By collecting information from these children and their families, programs will be able to evaluate the effectiveness of their services and share this knowledge of breaking the violence cycle with the community.

### **B. Description of the goals of the service**

The major goals of the Children's Violence Counseling Program are to:

- Reduce intergenerational violence by helping children cope with their emotional responses to violence and by promoting the acquisition of positive behavior patterns.
- Help the family to create a safe, stable, and nurturing environment for the child by helping parents to have age-appropriate expectations of children.
- Increase community awareness of the effects of domestic violence on children by developing partnerships with agencies in the community.

The major activities of the Children's Violence Counseling Program are to:

1. Provide age-appropriate individual and group counseling to children supporting factors that protect children from becoming violent or responding in violent ways as a means of coping.
2. Provide education to parents regarding the effects of violence on children.
3. Promote and teach parents non-violent coping skills.
4. Educate parents on child development – teach a basic understanding of how children of different ages might think and act.
5. Increase parents' knowledge of community resources and support their efforts to seek assistance.
6. Evaluate effectiveness of program by collecting demographic information, response of participants, and review of performance objectives.
7. Community-based presentations and partnerships with agencies working in the area of domestic violence to promote non-violent values in families.

Applicants shall fully describe how they will successfully implement the Children's Violence Counseling program by delivering all key components (See Section 2, III.A. 'Service Activities') in order to meet all program performance objectives (See Section 5, attachments C, D, F, G).

### **C. Description of the target population to be served**

The program will provide service to families in which children have witnessed family violence. Children of all ages will be served but the program will prioritize services to children ages 10 and under. Parents or primary caregivers of the children who witnessed family violence will also be served. The community at large will receive presentations promoting non-violent values in children.

**D. Geographic coverage of service**

Two sites on Oahu will be selected.

**Site A** will provide services to families residing in **Honolulu** with a zip-code beginning with 968XX,

**Site B** will be selected to provide services in other areas on Oahu (**Rural Oahu**) with zip-codes beginning with 967XX.

**E. Probable funding amounts, source, and period of availability**

\$111,609 in State funds is available per fiscal year.

**II. General Requirements****A. Specific qualifications or requirements, including but not limited to licensure or accreditation**

None.

**B. Secondary purchaser participation**

(Refer to §3-143-608, HAR)

After-the-fact secondary purchases will be allowed.

**Planned secondary purchases**

None.

**C. Multiple or alternate proposals**

(Refer to §3-143-605, HAR)

☒ Allowed ☐ Unallowed

Multiple or alternate proposals must be physically separate proposals.

**D. Single or multiple contracts to be awarded**

(Refer to §3-143-206, HAR)

☐ Single ☒ Multiple ☐ Single & Multiple

Criteria for multiple awards:

Multiple awards will be made to ensure coverage across Oahu. Applicants must identify geographic area of service; **Site A** - within the city of **Honolulu**

(with Zip codes beginning with 968XX) or **Site B** - other areas of **Rural Oahu** (Zip codes beginning with 967XX).

**E. Single or multi-term contracts to be awarded**

(Refer to §3-149-302, HAR)

☒ Single term ( $\leq$  2 yrs) ☐ Multi-term ( $>$  2 yrs.)

Contract terms:

Maximum length of contract: 2 years.

Period shall commence on the contract start date or Notice to Proceed, whichever is later.

**F. RFP contact person**

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the successful provider or providers. Written questions should be submitted to the RFP contact person and received on or before the day and time specified in Section I, Item IV (Procurement Timetable) of this RFP.

**Lynn Niitani, M.S.W.**  
**Family Health Services Division**  
**Maternal and Child Health Branch**  
**741-A Sunset Avenue, Room #205**  
**Honolulu, Hawaii 96816**  
**Phone: (808) 733-4054**  
**FAX: (808) 733-9078**  
**e-mail: [lynn.niitani@fhsd.health.state.hi.us](mailto:lynn.niitani@fhsd.health.state.hi.us)**

### **III. Scope of Work**

The scope of work encompasses the following tasks and responsibilities:

**A. Service Activities**

(Minimum and/or mandatory tasks and responsibilities)

Children's Violence Counseling Program:  
 Applicant must:

- a. Promote open discussion of children's experiences by providing individual and/or group counseling to children in age-appropriate groupings. **A total of 50 children must be served at each of the two (2) program sites (Site A - City of Honolulu or Site B - Rural Oahu).**

- b. Collect detailed demographic information on the family including information on the violence witnessed by the child. (See Section 5, attachment E.)
- c. Help children understand and cope with their emotional response to violence while promoting positive behavior patterns.
- d. Help children to identify sources of support from their family, school, or community.
- e. Help parents recognize the impact of violence on their children.
- f. Help parents to understand the basics of child development.
- g. Help parents to use non-aggressive techniques to manage children's behavior.
- h. Help parents to identify other sources of assistance in the community.
- i. Evaluate the effectiveness of services through post-test questionnaires and satisfaction surveys.
- j. Provide age-appropriate developmental and social-emotional screening assessments to children under five years of age [using the Ages and Stages Questionnaire (Hawaii Version) (**A.S.Q.**) and the Ages and Stages Questionnaire (Social-Emotional) (**A.S.Q.-S.E.**)]; support and encourage parents to seek services when services are indicated.
- k. Develop linkages with other community agencies or community educators working in the area of domestic violence to facilitate the promotion of non-violent values in the community.

**B. Management Requirements (Minimum and/or mandatory requirements)****1. Personnel**

- Supervisory staff shall have a minimum of a Master's degree or equivalent in counseling (or a related human services degree) with two years experience with the criminal justice system, experience counseling on domestic violence, and knowledge of child development.
- Counseling staff shall have a minimum of an Associate degree in human services and at least one year counseling experience with domestic violence and child development. Three years' experience in the job area can substitute for the Associate's degree.

All training shall be documented in the training record for each employee.

Any deviation from the above staffing requirements shall require approval by the Maternal and Child Health Branch (MCHB) and will be determined on a case-by-case basis according to stipulations set by MCHB.

**2. Administrative**

Providers may have a schedule of fees which is designed to recover reasonable costs for providing services and a corresponding schedule of adjustments based on the parent's ability to pay.

Providers must provide a safe environment for the families receiving services as well as for agency staff.

- Safety plans for agency staff must be established.
- Screening for potential violence [identification of Temporary Restraining Orders (TROs)] must be completed prior to enrolling parents for classes.

Providers shall comply with the Department of Health's Directive Number 04-01 dated May 3, 2004 (See Section 5, attachment H) related to Interpersonal Relationships Between Staff and Clients/Patients.

Providers shall comply with all applicable policies and procedures of the Department of Health.

### **3. Quality assurance and evaluation specifications**

Provider shall confirm to established standards of care and practice not limited to the following:

- Ages and Stages Questionnaire (Hawaii Version) (**A.S.Q.**) and the Ages and Stages Questionnaire (Social-Emotional) (**A.S.Q.-S.E.**).

### **4. Output and performance/outcome measurements**

MCHB will require the reporting of performance and output measures. Defined performance objectives are addressed in the Service Delivery section of the Purchase of Service (POS) Proposal Application. (See Section 5, attachments C & D.)

### **5. Experience**

Child development training, domestic violence counseling, and community networking experience preferred.

### **6. Coordination of services**

Provider shall demonstrate the capability to coordinate services with other agencies and resources in the community by participating on coalitions or memberships focused on issues of domestic violence.

### **7. Reporting requirements for program and fiscal data**

- The provider shall submit quarterly and annual written reports (See Section 5, attachment F.) on all activities of the program related to this contract, including program activities, program monitoring, training, staffing, and other applicable areas according to timelines and formats set by MCHB.
- The provider shall submit to MCHB an annual variance report (See Section 5, attachment G.) no later than sixty (60) calendar days after the end of the fiscal year in the format requested the MCHB, documenting the organization's achievement of performance objectives for the fiscal year and explaining all significant variances (+/- 10%).
- Requests for payment shall be submitted with an invoice and an expenditure report which prescribes to the format set by the Department of Health.



**8. Pricing structure or pricing methodology to be used**

Pricing structure based on Cost Reimbursement. The cost reimbursement pricing structure reflects a purchase arrangement in which the State pays the contractor for budgeted costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum obligation.

**9. Units of service and unit rate**

Not applicable.

**IV. Facilities**

Facilities shall be adequate relative to the proposed services.

## **Section 3**

# **Proposal Application Instructions**

## Section 3

# Proposal Application Instructions

### General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through for each section. **See sample table of Contents***
- *Proposals may be submitted in a three ring binder (Optional).*
- *Tabbing of sections (Recommended).*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *This form (SPO-H-200A) is available on the SPO website (for the website address see the Proposal Application Checklist in Section 5, Attachments). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.*

### The Proposal Application comprises the following sections:

- *Proposal Application Identification Form*
- *Table of Contents*
- *Program Overview*
- *Experience and Capability*
- *Project Organization and Staffing*
- *Service Delivery*
- *Financial*
- *Other*

### **I. Program Overview**

Applicant shall give a brief overview to orient evaluators as to the program/services being offered. Describe the area or region where services will be delivered. Explain if there are any barriers which prevent the population in this target area from receiving services. Provide a description of the target population; explain how they will be identified. List any specified plans for engaging “hard to reach” individuals.

## **II. Experience and Capability**

### **A. Necessary Skills**

The applicant shall demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services. Provide a brief explanation of protective factors which can help children from responding with violence, list skills which parents can be taught to help children break the cycle of violence, and describe how a community can respond to support these families.

### **B. Experience**

The applicant shall provide a description of projects/contracts pertinent to the proposed services. Please list any verifiable experience thru similar projects or service activities. Include points of contact, addresses, e-mail/phone numbers. The state reserves the right to contact references to verify experience.

### **C. Quality Assurance and Evaluation**

The applicant shall describe its own plans for quality assurance and evaluation for the proposed services, including methodology.

### **D. Coordination of Services**

The applicant shall demonstrate the capability to coordinate services with other agencies and resources in the community. Describe any partnerships or working relationships with other organizations focused on issues of domestic violence.

### **E. Facilities**

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the proposed services. If facilities are not presently available, describe plans to secure facilities. Also describe how the facilities meet ADA requirements, as applicable, and special equipment that may be required for the services. Describe procedures in place which ensure the safety of participants and the agency's staff.

## **III. Project Organization and Staffing**

### **A. Staffing**

#### **1. Proposed Staffing**

The applicant shall describe the proposed staffing pattern, client/staff ratio and proposed caseload capacity appropriate for the viability of the services. (Refer to the personnel requirements in the Service Specifications, as applicable.)

## **2. Staff Qualifications**

The applicant shall provide the minimum qualifications (including experience) for staff assigned to the program. (Refer to the qualifications in the Service Specifications, as applicable)

## **B. Project Organization**

### **1. Supervision and Training**

The applicant shall describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services.

### **2. Organization Chart**

The applicant shall reflect the position of each staff and line of responsibility/supervision. (Include position title, name and full time equivalency) Both the “Organization-wide” and “Program” organization charts shall be attached to the Proposal Application.

## **IV. Service Delivery**

Applicant shall include a detailed discussion of the applicant’s approach to applicable service activities and management requirements from Section 2, Item III. - Scope of Work, including (if indicated) a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules.

Describe in detail the hours of service/operation and include a timeline of service activities. List the age-groupings for the children’s program and provide a brief explanation on how these were determined. Provide the counseling curriculum or describe in detail the subject areas being taught. Describe any research or models which support the proposed program’s design.

Explain how the information gathered through this program will be used to determine the effectiveness of service delivery. Clearly state how this data/information will be collected, how often it will be collected, and your expected outcomes. Describe how the demographic information (See Section 5, attachments E & F) will be collected. Describe the method used to determine if the target children have demonstrated an increased understanding of non-violent conflict resolution (See Section 5, Attachment C.) Describe the method used to determine if the target adults demonstrate an increased understanding of non-violent conflict resolution and if target adults demonstrate an increased understanding of age-appropriate development.

Describe how age-appropriate developmental screenings will be provided and the number of screenings anticipated (See Section 5, attachment D.) List service agencies to which these children and families might be referred to for additional service; describe any current or potential partnerships with these agencies.

## **V. Financial**

### **A. Pricing Structure**

Applicant shall submit a cost proposal utilizing the pricing structure designated by the state purchasing agency. The cost proposal shall be attached to the Proposal Application.

All budget forms, instructions and samples are located on the SPO website (see the Proposal Application Checklist in Section 5 for website address). The following budget form(s) shall be submitted with the Proposal Application:

SPO-H-205	Budget
SPO-H-206A	Budget Justification - Personnel - Salaries & Wages
SPO-H-206B	Budget Justification - Personnel: Payroll Taxes, Assessments & Fringe Benefits
SPO-H-206C	Budget Justification - Travel-Inter-Island
SPO-H-206D	Budget Justification - Travel-Out of State
SPO-H-206E	Budget Justification - Contractual Services-Administrative
SPO-H-206F	Budget Justification - Contractual Services-Subcontracts
SPO-H-206G	Budget Justification - Depreciation
SPO-H-206H	Budget Justification - Program Activities
SPO-H-206I	Budget Justification - Equipment Purchases
SPO-H-206J	Budget Justification - Motor Vehicle

### **B. Other Financial Related Materials**

Provide a brief explanation of the budget.

#### **1. Accounting System**

In order to determine the adequacy of the applicant's accounting system as described under the administrative rules, the following documents are requested as part of the Proposal Application (may be attached):

Provide your organization's most recent financial audit.

## **VI. Other**

### **A. Litigation**

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain.

# **Section 4**

## **Proposal Evaluation**

## Section 4

# Proposal Evaluation

### I. Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

### II. Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

The evaluation will be conducted in three phases as follows:

- Phase 1 - Evaluation of Proposal Requirements
- Phase 2 - Evaluation of Proposal Application
- Phase 3 - Recommendation for Award

#### Evaluation Categories and Thresholds

##### Evaluation Categories

##### Possible Points

##### *Administrative Requirements*

##### *Proposal Application*

Program Overview	0	<b>100 Points</b> 0 points
Experience and Capability	x 4	20 points
Project Organization and Staffing	x 3	15 points
Service Delivery	x 11	55 points
Financial	x 2	10 Points

##### **TOTAL POSSIBLE POINTS**

**100 Points**



### III. Evaluation Criteria

#### A. Phase 1 - Evaluation of Proposal Requirements

##### 1. Administrative Requirements

##### 2. Proposal Application Requirements

- Proposal Application Identification Form (Form SPO-H-200)
- Table of Contents
- Program Overview
- Experience and Capability
- Project Organization and Staffing
- Service Delivery
- Financial (All required forms and documents)
- Program Specific Requirements (as applicable)

#### B. Phase 2 - Evaluation of Proposal Application (100 Points)

***Program Overview:*** No points are assigned to Program Overview. The intent is to give the applicant an opportunity orient evaluators as to the service(s) being offered.

##### 1. *Experience and Capability (20 Points)*

The State will evaluate the applicant's experience and capability relevant to the proposal contract, which shall include:

##### A. Necessary Skills

- Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services. \_\_\_\_\_
- Provided a brief explanation of protective factors which can help children from responding with violence. \_\_\_\_\_
- Listed the skills parents can be taught to help children break the cycle of violence. \_\_\_\_\_
- Provided a description of how a community can respond to support these families. \_\_\_\_\_

**B. Experience**

- Provided a list of verifiable experience thru similar projects or service activities.

**C. Quality Assurance and Evaluation**

- Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology.

**D. Coordination of Services**

- Demonstrated capability to coordinate services with other agencies and resources in the community.
- Provided a description of partnerships or working relationships with other organizations focused on issues of domestic violence.

**E. Facilities**

- Adequacy of facilities relative to the proposed services.
- Provided a description of procedures in place which ensures the safety of participants and the agency's staff.

**2. *Project Organization and Staffing (15 Points)***

The State will evaluate the applicant's overall staffing approach to the service that shall include:

**A. *Staffing***

- Proposed Staffing: That the proposed staffing pattern, client/staff ratio, and proposed caseload capacity is reasonable to insure viability of the services.
- Staff Qualifications: Minimum qualifications (including experience) for staff assigned to the program.

**B. *Project Organization***

- **Supervision and Training**: Demonstrated ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services.
- **Organization Chart**: Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks.

**3. Service Delivery (55 Points)**

*Evaluation criteria for this section will assess the applicant's approach to the service activities and management requirements outlined in the Proposal Application.*

- Described in detail the hours of service/operation. \_\_\_\_\_
- Included a timeline of service activities \_\_\_\_\_
- Listed the age-groupings for the children's program. \_\_\_\_\_
- Provided a brief explanation on how these were determined. \_\_\_\_\_
- Provided the counseling curriculum or described in detail the subject areas being taught. \_\_\_\_\_
- Described any research or models which support the proposed program's design. \_\_\_\_\_
- Explained how the information gathered from this program will be used to determine the effectiveness of service delivery.
  - Has clearly stated how this data/information will be collected. \_\_\_\_\_
  - Has clearly stated how often it will be collected. \_\_\_\_\_
  - Has clearly stated expected outcomes. \_\_\_\_\_
- Described how the demographic information will be collected. \_\_\_\_\_
- Described the method used to determine if the target children have demonstrated an increased understanding of non-violent conflict resolution. \_\_\_\_\_
- Described the method used to determine if the target adults demonstrate an increased understanding of non-violent conflict resolution. \_\_\_\_\_
- Described the method used to determine if target adults demonstrate an increased understanding of age-appropriate development. \_\_\_\_\_
- Described how age-appropriate developmental screenings will be provided and the number of screenings anticipated \_\_\_\_\_
- Listed service agencies to whom these children and families might be referred to for additional service.
  - Describe any current or potential partnerships with these agencies. \_\_\_\_\_

**5. Financial (10 Points)**

- Personnel costs are reasonable and comparable to positions in the community. \_\_\_\_\_
- Non-personnel costs are reasonable and adequately justified. \_\_\_\_\_
- The budget fully supports the scope of service and requirements of the Request for Proposal. \_\_\_\_\_

**C. Phase 3 - Recommendation for Award**

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

# **Section 5**

## **Attachments**

- A. Proposal Application Checklist
- B. Sample Table of Contents
- C. Table A – Performance Measures
- D. Table B – Output Measures
- E. Demographic Information List
- F. Quarterly Activity Report
- G. Annual Variance Report
- H. Interpersonal Relationships Between Staff and Clients/Patients

## Proposal Application Checklist

Applicant: \_\_\_\_\_

RFP No.: \_\_\_\_\_

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the state purchasing agency as part of the Proposal Application. \*SPO-H forms are located on the web at <http://www.spo.hawaii.gov> Click *Procurement of Health and Human Services and For Private Providers*.\*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
<b>General:</b>				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	<b>X</b>	
Proposal Application Checklist	Section 1, RFP	Attachment A	<b>X</b>	
Table of Contents	Section 5, RFP	Section 5, RFP	<b>X</b>	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	<b>X</b>	
Registration Form (SPO-H-100A)	Section 1, RFP	SPO Website*	<b>(Required if not Registered)</b>	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on SPO website)*		
Cost Proposal (Budget)				
SPO-H-205	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions is applicable, Section 5		
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions, Section 5		
SPO-H-206A	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206B	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206C	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206D	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206E	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206F	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206G	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206H	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206I	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206J	Section 3, RFP	SPO Website*	<b>X</b>	
<b>Certifications:</b>				
<i><b>Federal Certifications</b></i>		Section 5, RFP		
Debarment & Suspension		Section 5, RFP		
Drug Free Workplace		Section 5, RFP		
Lobbying		Section 5, RFP		
Program Fraud Civil Remedies Act		Section 5, RFP		
Environmental Tobacco Smoke		Section 5, RFP		
<b>Program Specific Requirements:</b>				

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 Authorized Signature

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 Date

Sample

## Proposal Application Table of Contents

<b>I.</b>	<b>Program Overview .....</b>	<b>1</b>
<b>II.</b>	<b>Experience and Capability .....</b>	<b>1</b>
<b>A.</b>	Necessary Skills .....	2
<b>B.</b>	Experience .....	4
<b>C.</b>	Quality Assurance and Evaluation .....	5
<b>D.</b>	Coordination of Services .....	6
<b>E.</b>	Facilities .....	6
<b>III.</b>	<b>Project Organization and Staffing .....</b>	<b>7</b>
<b>A.</b>	Staffing .....	7
	1. Proposed Staffing .....	7
	2. Staff Qualifications .....	9
<b>B.</b>	Project Organization .....	10
	1. Supervision and Training .....	10
	2. Organization Chart (Program & Organization-wide) (See Attachments for Organization Charts)	
<b>IV.</b>	<b>Service Delivery .....</b>	<b>12</b>
<b>V.</b>	<b>Financial .....</b>	<b>20</b>
	See Attachments for Cost Proposal	
<b>VI.</b>	<b>Litigation .....</b>	<b>20</b>
<b>VII.</b>	<b>Attachments</b>	
<b>A.</b>	Cost Proposal	
	SPO-H-205 Proposal Budget	
	SPO-H-206A Budget Justification - Personnel: Salaries & Wages	
	SPO-H-206B Budget Justification - Personnel: Payroll Taxes and Assessments, and Fringe Benefits	
	SPO-H-206C Budget Justification - Travel: Interisland	
	SPO-H-206E Budget Justification - Contractual Services – Administrative	
<b>B.</b>	Other Financial Related Materials	
	Financial Audit for fiscal year ended June 30, 1994	
<b>C.</b>	Organization Chart	
	Program	
	Organization-wide	
<b>D.</b>	Performance and Output Measurement Tables	
	Table A	
	Table B	
	Table C	
<b>E.</b>	Program Specific Requirements	

Table A – Performance Measures

	Baseline	Estimated	Estimated
Program Activity	FY 2005	FY 2006	FY 2007
1. Percentage of target children who demonstrated an increased understanding of non-violent conflict resolution.			
2. Percentage of target adults who demonstrated an increased understanding of non-violent conflict resolution.			
3. Percentage of target adults served who demonstrated an increased understanding of age appropriate development.			



Table B – Output Measures

Column A	Column B	Column C	Column D	Column E
Performance Measure	Baseline for FY 2005 (7/1/04 – 6/30/05)	Annual Performance Objective for Fiscal Year 2006 (7/1/05 - 6/30/06)	Annual Performance Objective for Fiscal Year 2007 (7/1/06 - 6/30/07)	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary.)
1. Number of target children served in individual counseling sessions.				
2. Number of target children served in group counseling sessions.				
3. Number of target adults served.				
4. Number of target families served.				
5. Number of age-appropriate developmental and social- emotional screening assessments completed for children under five years of age.				
6. Number of domestic violence community meetings attended or number of community presentations supporting non-violence.				

## Demographic Information List

### For each child served:

- Name
- Age
- Gender
- Ethnic background: [African American, Caucasian, Chinese, Filipino, Japanese, Korean, Latino, Native American, Native Hawaiian, Portuguese, Puerto Rican, Samoan, Vietnamese, Other Asian, Other Pacific Islander, All Other]
- Names of Parents and Other Siblings
- Referral source
- Type(s) of violence the child witnessed [Observing physical violence (describe), hearing DV (describe), observing after-effects of violence (describe), other (describe)]
- Relationship to domestic violence victim (e.g. mother, father, sibling, caregiver (describe), other (describe))
- Relationship to perpetrator (e.g. mother, father, sibling, caregiver (describe), other (describe))
- What other services is this child receiving? (list all)

### For each adult served:

- Name
- Age
- Gender
- Ethnic background: [African American, Caucasian, Chinese, Filipino, Japanese, Korean, Latino, Native American, Native Hawaiian, Portuguese, Puerto Rican, Samoan, Vietnamese, Other Asian, Other Pacific Islander, All Other]
- Names of all children
- Referral source
- History of Domestic Violence as victim [Describe type and age it occurred, describe perpetrator (mother, father, sibling, caregiver (describe), boyfriend/girlfriend, other (describe))]
- History of Domestic Violence as perpetrator [Describe type and age it occurred, describe victim (mother, father, sibling, caregiver (describe), boyfriend/girlfriend, other (describe))]
- What other services is this child receiving? (list all)

## **QUARTERLY ACTIVITY REPORT**

### **POS Monitoring and Evaluation System**

**Provider:** \_\_\_\_\_ **ASO Log No:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

**Fiscal Year:** \_\_\_\_\_ **Quarter:** \_\_\_\_\_

#### **I. PROGRAM OUTCOME & PERFORMANCE MEASURES**

##### **A. Outcomes described**

1. Percentage of target children who demonstrated an increased understanding of non-violent conflict resolution.
2. Percentage of target adults who demonstrated an increased understanding of non-violent conflict resolution.
3. Percentage of target adults served who received pre and post-testing who demonstrated an increased understanding of age appropriate development.

##### **B. Achievement of Outcomes (Report outcomes for each number as listed in I.A.)**

Outcome #	Expected Outcome %	% Achieved Current Quarter	Cumulative YTD
1.			
2.			
3.			

#### **OUTPUT MEASURES**

##### **A. Output described**

1. Number of target children served in individual counseling sessions.
2. Number of target children served in group counseling sessions.
3. Number of target adults served.
4. Number of target families served.
5. Number of age-appropriate developmental and social-emotional screening assessments completed for children under five years of age.
6. Number of domestic violence community meetings attended or number of community presentations made, supporting non-violence.

**B. Output Measures (Report output for each number listed in II.A.)**

Output Activity	Expected Output (indicate units)	Current Quarter	Cumulative YTD
1.			
2.			
3.			
4.			
5.			
6.			

**II. OVERALL SUMMARY (Use additional sheets, if necessary.)**

- A. Major accomplishments during this quarter:
- B. Concerns or problems in meeting program objectives:  
(If the number or percent is 10 % less than anticipated, please provide an explanation).
- C. Other problems encountered during the quarter and corrective actions taken:
- D. Additional explanation of program activities/other comments:
- Types of violence witnessed
  - Relationships to perpetrator
  - History of domestic violence as child (for target parent)
- E. Staff changes during quarter:
- F. Plans for next quarter: (plans include anything new that the provider will incorporate into the program.)

**III. OVERALL CHARACTERISTICS**

- A. TARGET POPULATION (list number of persons served in each category).

ADULTS: Males \_\_\_\_\_ Females \_\_\_\_\_

Age of target adults:

18-19 \_\_\_\_\_ 25-29 \_\_\_\_\_ 35-39 \_\_\_\_\_ 45-49 \_\_\_\_\_ 60-69 \_\_\_\_\_

20-24 \_\_\_\_\_ 30-34 \_\_\_\_\_ 40-44 \_\_\_\_\_ 50-59 \_\_\_\_\_ 70-79 \_\_\_\_\_

**Age of target children:**

< 1 yr \_\_\_\_\_ 4 – 6 \_\_\_\_\_ 11 – 14 \_\_\_\_\_  
 1 - 3 \_\_\_\_\_ 7 - 10 \_\_\_\_\_ 15 - 18 \_\_\_\_\_

**Number of target families served:** \_\_\_\_\_

**B. SERVICE AREA: (Fill in numbers served in each area)**

Diamond Head		Leeward Oahu	
Kalihi-Palama		Waianae	
Central Oahu		Windward Oahu	

**C. ETHNICITY (Indicate #):**

African American		Korean		Puerto Rican	
Caucasian		Latino		Samoan	
Chinese		Native American		Vietnamese	
Filipino		Native Hawaiian		Other Asian	
Japanese		Portuguese		Other Pacific Islander	
				All other	

**D. SCREENING/REFERRAL**

Number of ASQs completed: \_\_\_\_\_

Number of ASQ-SEs completed: \_\_\_\_\_

Number of referrals for service completed: \_\_\_\_\_

List of programs/services referred to:

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## FY Variance Report Children's Violence Counseling Program

Column A	Column B	Column C	Column D
Performance Measure	*Agency's Planned Performance Objectives for FY 2004	**Agency's Achievement for FY 2004	Explanation of Significant Variances (+/- 10%) (Attach additional sheets as necessary)
1. At least ____% of children will demonstrate an increased understanding of non-violent conflict resolution.	a) Number of children completing the program was _____. b) Number of children who demonstrated an increased understanding of non-violent conflict resolution _____. c) Percentage of children who demonstrated an increased understanding of non-violent conflict resolution was _____. (b divided by a)	a) Number of children completing the program was _____. b) Number of children who demonstrated an increased understanding of non-violent conflict resolution _____. c) Percentage of children who demonstrated an increased understanding of non-violent conflict resolution was _____. (b divided by a)	
2. At least ____% of parents will demonstrate an increased understanding of non-violent conflict resolution.	a) Number of parents completing the program was _____. b) Number of parents who demonstrated an increased understanding of non-violent conflict resolution _____. c) Percentage of parents who demonstrated an increased understanding of non-violent conflict resolution was _____. (b divided by a)	a) Number of parents completing the program was _____. b) Number of parents who demonstrated an increased understanding of non-violent conflict resolution _____. c) Percentage of parents who demonstrated an increased understanding of non-violent conflict resolution was _____. (b divided by a)	
3. At least ____% of parents will demonstrate an increased understanding of age appropriate development.	a) Number of parents completing the program was _____. b) Number of parents who demonstrated an increased understanding of age appropriate development _____. c) Percentage of parents who demonstrated an increased understanding of age appropriate development _____. (b divided by a)	a) Number of parents completing the program was _____. b) Number of parents who demonstrated an increased understanding of age appropriate development _____. c) Percentage of parents who demonstrated an increased understanding of age appropriate development _____. (b divided by a)	

\*Insert estimates from Table A of Agency's POS Proposal (reference: RFP Nos. HTH 550-4-5)

\*\*Insert Agency's actual performance data for the fiscal year



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
P. O. BOX 3378  
HONOLULU, HI 96801-3378

INTRA-DEPARTMENTAL DIRECTIVE 04-01  
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TO: All Deputies, Division and Branch Chiefs, Staff Officers, District Health Officers, and Administrators of Attached Agencies

FROM: Chiyome Leinaala Fukino, M.D.  
Director of Health *[Signature]*

SUBJECT: INTERPERSONAL RELATIONSHIPS BETWEEN STAFF AND CLIENTS/PATIENTS

04-1.1 PURPOSE

This directive provides the policy for the State of Hawaii, Department of Health on interpersonal relationships between staff and clients/patients.

04-1.2 POLICY

- A. Staff shall not use their professional position to exploit others for any reason.
- B. Staff shall avoid engaging in dual/multiple relationships with clients/patients or former clients/patients. When dual/multiple relationships are unavoidable, staff shall take steps ensure that the nature of the dual/multiple relationship shall neither harm nor exploit the client/patient.
- C. Sexual relationships with any client/patient or former client/patient are prohibited. Staff shall not have financial relationships with clients/patients or former clients/patients.

- D. Staff are prohibited from engaging in sexual relationships with clients/patients' relatives or other individuals with whom clients/patients maintain close personal relationships, or to whom clients/patients are reliant upon. Staff are required to set clear, appropriate and culturally sensitive boundaries.
- E. Staff shall neither initiate, assume, nor maintain a treatment relationship to individuals with whom they have had prior sexual relationships. Staff shall inform their supervisor if there have been past relationships with potential clients/patients and arrange to have the care of such patients/clients provided by another qualified staff person.
- F. Staff shall not engage in physical contact with clients/patients when there is a possibility of psychological harm to the clients/patients as a result of the contact (such as cradling or caressing clients/patients). In providing services, staff who are required to have physical contact with clients/patients are responsible for setting clear, appropriate and culturally sensitive boundaries that govern such physical contact.
- G. Staff who anticipate the potential for sexual relationships with former clients/patients shall consult in depth with their supervisors, exploring the various risks and concerns.

04-1.3

**SCOPE**

This directive applies to all Department of Health employees, including volunteers, who provide treatment and/or services and individuals or agencies that are contracted to provide treatment and/or services on behalf of the Department of Health.

04-1.4

**DEFINITIONS**

Clients/Patients:	Persons under observation, care, treatment, or receiving services.
Department:	Department of Health
Director:	Director of Health



Dual/multiple relationships:	When an employee has, or has had, more than one relationship with a patient or client, either presently or in the past. These may include professional, business, social, or personal relationships. Dual/multiple relationships can occur simultaneously or consecutively.
Staff:	Department employees, including volunteers, and individuals or agencies that are contracted to provide services on behalf of the Department.
Health:	Includes physical and mental health.
Providers:	Any persons, public or private vendors, agencies, or business concerns authorized by the department to provide health care, services, or activities.
Services:	Appropriate assistance provided to a person with a medical illness, developmental disability, mental illness, substance abuse or dependency disorder, or mental retardation. These services include, but are not restricted to assessment, case management, care coordination, treatment, training, vocational support, testing, day treatment, dental treatment, residential treatment, hospital treatment, developmental support, respite care, domestic assistance, attendant care, habilitation, rehabilitation, speech therapy, physical therapy, occupational therapy, nursing counseling, family therapy or counseling, interpretation, transportation, psychotherapy, and counseling to the person and/or to the person's family, guardian or other appropriate representative.
Treatment:	The broad range of services and care, including diagnostic valuation, medical, psychiatric, psychological, and social service care, vocational rehabilitation, career counseling, and other special services which may be extended to a person in need or with a disabling condition.

04-1.5      **RESPONSIBILITIES**

- A.     **Director:** Insure this policy is maintained, interpreted, updated, and communicated to all program managers.
- B.     **Deputy Directors:** Insure this policy is communicated to, understood and implemented by program managers within their administrations, and insure needed revisions of this policy are communicated to the Director.
- C.     **Program Managers:**
  - (1) Insure this policy is communicated to and understood by all vendors, providers, or contractors, and insert a reference to this policy in appropriate contracts.
  - (2) Insure this policy is enforced.
  - (3) Investigate alleged or reported infractions of this policy and take corrective actions as may be indicated.
  - (4) Recommend needed changes to this policy to their Deputy Directors.
- D.     **Employees:** Comply with this policy and report alleged infractions of this policy to their supervisors or superiors.
- E.     **Providers:** Insure this policy is communicated, understood, and implemented.

04-1.6      **PROVISO**

If there is a conflict between this policy and a collective bargaining agreement, the collective bargaining agreement shall prevail.

04-1.7

**REFERENCES**

- A. Discrimination in Public Accommodations, Chapter 489, Hawaii Revised Statutes, as amended.
- B. Fair treatment, Section 84-13, Hawaii Revised Statutes, as amended.
- C. Rights of persons with developmental or mental retardation, Section 333F-8, Hawaii Revised Statutes, as amended.
- D. Rights of recipients of mental health services, Chapter 334E, Hawaii Revised Statutes, as amended.
- E. Sex Discrimination, Title 12, Chapter 46, Subchapter 4, Hawaii Administrative Rules, as amended.
- F. Disability Discrimination, Chapter 46, Subchapter 9, Hawaii Administrative Rules.

**This document should be placed in the Personnel Manual of Policies and Procedures under Section 11, SUBJECT: EMPLOYEE RELATIONS.**